

## DEPARTMENT OF CORRECTIONS


**NURSE'S  
CHRONIC CARE CLINIC  
SEIZURES**

DATE	TIME	SEIZURES	DATE ORDERED	TIME ORDERED	
3-4-04	1155	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES <i>NKA</i>
		O: VS: T-98 P-91 R-16 Wt-155 Bp-103/78			
		AGE OF ONSET: 9/4/01 - 1995			P: LABS LEVELS NEEDED:
		POSSIBLE ETIOLOGY	3/4/04		<i>CBc Phenobarbital level 2: Tegretal level 1</i>
		HEAD TRAUMA <input checked="" type="radio"/> N			
		DRUG RELATED <input checked="" type="radio"/> N			
		TYPE OF SEIZURES: <i>Possible Jacksonian</i>			
					ORDERS:
		FREQUENCY OF SEIZURES: <i>Varied</i>			
		REVIEW OF DIAGNOSTIC STUDIES			
		<i>Children Hosp, B'ham</i> CT SCAN <input checked="" type="radio"/> N			
		MRI <input checked="" type="radio"/> N			
		EEG <input checked="" type="radio"/> N			MEDICATION:
		PERScription COMPLIANCE <input checked="" type="radio"/> N			<i>Phenobarbital</i>
		ANTICONVULSANT DRUG LEVELS ORDERED <input checked="" type="radio"/> N			<i>60mg t Bid</i>
		DATE: 3-4-04			<i>Tegretal 400mg</i>
		WITH IN THERAPUTIC RANGE <input checked="" type="radio"/> N			<i>Bid.</i>
		HAS PATIENT BEEN IN THE INFIRMARY/HOSPITAL			F/U CCC WITH IN 30 DAYS BY THE NURSE
		SINCE LAST CCC <i>Discipline</i> <input checked="" type="radio"/> N			F/U CCC WITH IN 90 DAYS BY THE DOCTOR
		EDUCATION DONE <input checked="" type="radio"/> N			
		A: SEIZURE ACTIVITY:			SIGNATURE <i>MD (Christine)</i>
		CONTROLLED/UNCONTROLLED			

INMATE NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE	RACE/SEX	ID#
<i>Hampton, Randal</i>	<i>10/5/83</i>	<i>20</i>	<i>BM</i>	<i>226420</i>

## DEPARTMENT OF CORRECTIONS

PHYSICIAN'S  
CHRONIC CARE CLINIC  
SEIZURES

DATE	TIME	SEIZURES	DATE ORDERED	TIME ORDERED	
		S: 90 DAY CHRONIC CARE CLINIC			ALLERGIES: <i>NKA</i>
<i>3/8/04</i>		O: VS: <i>T 98.8 P 80 R-16</i>			
		Bp <i>120/80</i> Wt <i>155</i>			
		REVIEW OF NURSES CCC RECORDS <i>Y</i>			P: LABS REVIEWED: <i>1/3</i>
		NOTES: <i>Dr is Cognitively x Reckless</i>			CBC YEARLY
					DILANTIN LEVEL YEARLY
					TEGRETOL LEVEL EVERY YEAR
					UNLESS PROBLEMS
					ORDERS:
		NEUROLOGICAL EXAM:			<i>Hold for lab Lorazepam Meds</i>
		EYE NYSTAGMUS <i>Y N</i>			
		REFLEXES: <i>+ve</i>			
		ATAxia <i>Y N</i>			
		PUPIL SIZE NORM <i>Y N</i>			
		ANY ADDED INFORMATION <i>Y N</i>			MEDICATION:
		NOTES:			<i>Phenobarbital 60mg i Bid Tegretol 250mg Tab Tablets BID</i>
		GENERAL EXAM:			
		<i>weak Spk Ans no Lip 12 Phos 12 Ext 12 miss non focal</i>			
					F/U CCC WITH IN 30 DAYS BY THE NURSE/DOCTOR
					<i>3/8/04</i>
		A: SEIZURE ACTIVITY:			
		CONTROLLED / UNCONTROLLED <i>Uncontrolled</i>			

INMATE NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE	RACE/SEX	ID#
<i>Hampton, Randolph</i>	<i>10-15-83</i>		<i>Blm</i>	<i>226420</i>

TechCare



7/9/2003

## Seizure Chronic Care Appointment

Name HAMPTON, RANDELL

DOC # 226420

Birth Date 10/15/1983

Appointment Date 7/9/2003

## Subjective Data

Frequency Of Seizures ~2WKS AGO  
 Aura (Describe) DIZZY/WEAK  
 Body Movements JERK  
 L.O.C. YES  
 Incontinence NO  
 Post Ictal ~20-30MIN  
 Interview Witness:  
 Staggering Or Dizziness NO

## Nursing Exam

Pulse 84  
 Blood Pressure 112/80  
 Temperature 97.8  
 Gait STEADY  
 Nystagmus NO  
 Alertness AO\*3

## Lab Test Results

E.E.G. N/ORDERED  
 C.T. N/ORDERED  
 Drug Level (Specify) DIL

## Medications

Medication Compliance COMP  
 Date Medication Ordered YES  
 Education & Counseling YES

## Doctor Exam

Nystagmus PERMD  
 Gait  
 Focal Neuro Deficit

## Neurology / Seizure Chronic Care Clinic

NAME	Hampton Raylell		AIS	INST	DOB	AGE	R/S	YEAR
			226420	Depot	10-15-83		81m	2003
DATE	1-9-03							
PROBABLE DISORDER CAUSING SEIZURE			1995		head Trauma			
DATE FIRST DIAGNOSED								
? ALCOHOL OR DRUG RELATED	1-9-03		4/6/03					

## SUBJECTIVE DATA: Q 3 MONTH

1. Frequency of seizures	1-2x 1month	wt wkgd		
2. Aura (describe)	feel fuzzy	dizzy/weat		
3. Body movements	are not	10		
4. L.O.C.	yes	no		
5. Incontinence	yes	no		
6. Post ictal	sluggish	20-30min		
7. Interview witness: staggering or dizziness	no			

## NURSING EXAM: Q 3 MONTH

1. BP	120/80	120/74		
2. Pulse	100	78		
3. Temperature	97.5	98.2		
4. Gait	steady	Steady		
5. Nystagmus	+	none		
6. Alertness	A&O	A&O		

## LAB TEST RESULTS (as ordered)

1. E.E.G.		Normal		
2. C.T.		Normal		
3. Drug level (specify)	ordered	0.16		

## MEDICATIONS

Tegretol 300 010				
Phen妥妥 60 010		1000		
Medication compliance	K&P	yes		
Date medication ordered	1-9-03	yes		
Education and counseling		yes		

## DOCTOR EXAM Q 6 MONTHS

Date	1-9-03		
1. Nystagmus	✓		
2. Gait	steady		
3. Focal neuro deficit	✓		

C&amp;P

## Monthly Activities

Date: May 127 / 2005

Inmate Name: Randall Hampton AIS# 226420

Was offered the following recreational activities during the month of

Gospel, Book Club, Creative Writing, Reality Orientation, Music Therapy, Movies, Therapeutic Animation, Schizophrenia, (ADL, Social Activities, Effective Communication, Med Education, Primary Social Skills, Therapeutic Art (Puzzles), Anger Management, Self Expression, Western, Conflict Resolution, Depression, Anger/Stress, (Current Events, Sleep, Concept, Open Recreation, Mental Stimulation, Bingo, Mental Health Education.

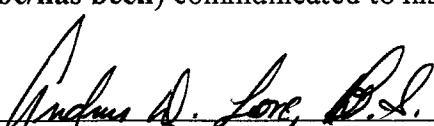
His level of participation was generally (active/marginal/reluctant/resistant/refused) to participant in the previously mentioned group(s). This is (consistent/inconsistent) with his use of recreational services to date. Affect was generally (angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad). Mood appeared (angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent). Hygiene was (good/WNL/poor). Inmate was generally (on time/late). General appearance was (neat/WNL/disheveled/shabby). Speech was generally (clear/mumbling/slurred/unintelligible). Interpersonal interactions were generally (relevant/irrelevant/insightful/superficial/confrontational/indifferent/no interaction).

Comments: \_\_\_\_\_

\_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation (will be/has been) communicated to his treatment team.

Signature



ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: Ronall Hampton AIS#: 22 6420  
Institution: Rollock CF Date of Disciplinary Report: \_\_\_\_\_

Is the inmate currently on the mental health caseload?  Yes  No  
If Yes, referred for mental health evaluation/consultation on: \_\_\_\_\_

**HEARING OFFICER:**

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

<i>Does the inmate know where he is?</i>	<i>Does the inmate know what date it is?</i>	<i>Does inmate know why he is seeing hearing officer?</i>
<i>Is the inmate appropriately dressed?</i>	<i>Is inmate able to speak coherently?</i>	<i>Does the inmate avoid eye contact?</i>
<i>Does the inmate make sense?</i>	<i>Are the inmate's statements logical and organized or unusual?</i>	

Should the inmate be referred for mental health evaluation of competency?  Yes  No  
If Yes, referred for mental health evaluation/consultation on: \_\_\_\_\_

**MENTAL HEALTH STAFF:**

Date request for consult received: 7-8-05 Date consult returned: 7-8-05

Is the inmate competent to participate in the hearing?  
If NO, why is the inmate not competent?

Yes

No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?  
If YES, briefly describe the issues:

Yes

No

Are there mental health issues to be considered regarding disposition if inmate found guilty?  
If YES, briefly describe the issues and possible relation to the disposition:

Yes

No

Does mental health staff want to be present at the disciplinary hearing to provide input?

Mental Health Staff Member: Miss Haynes Phone Contact: 132

Yes

No

**DISCIPLINARY HEARING:**

Does the inmate appear to be competent to participate in the hearing?  
Have the mental health recommendations been considered?

Yes  
 Yes  
 No

Hearing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name	AIS #
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I talked with S in the seg unit. His thinking was clear. He can go to disciplinary court  
R. Lee Penny seg mtns Miss Haynes 4th

## Monthly Activities

Date: Feb 14 2005

Inmate Name: Randall Hampton AIS# 226420

Was offered the following recreational activities during the month of:

Gospel, Book Club, Creative Writing, Reality Orientation, Music Therapy, Movies, Therapeutic Animation, Schizophrenia, ADL, Social Activities, Effective Communication, Med Education, Primary Social Skills, Therapeutic Art (Puzzles), Anger Management, Self Expression, Western, Conflict Resolution, Depression, Anger/Stress, Current Events, Sleep, Concept, Open Recreation, Mental Stimulation, Bingo, Mental Health Education.

His level of participation was generally (active/marginal/reluctant/resistant/refused) to participant in the previously mentioned group(s). This is (consistent/inconsistent) with his use of recreational services to date. Affect was generally (angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad). Mood appeared (angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent). Hygiene was (good/WNL/poor). Inmate was generally (on time/late). General appearance was (neat/WNL/disheveled/shabby). Speech was generally (clear/mumbling/slurred/unintelligible). Interpersonal interactions were generally (relevant/irrelevant/insightful/superficial/confrontational/indifferent/no interaction).

Comments: \_\_\_\_\_

\_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation (will be/has been) communicated to his treatment team.

Signature F. Bung

## DISCIPLINARY PROGRESS NOTE

DATE	TIME	NOTES	SIGNATURE
2. 11.05		<p>(S) I'm real good. I will never get in trouble again. "Iie had it to trouble"</p> <p>(D) Rem of problem (D) Voice remain in remission (D) Form much better —</p> <p>(D) Stable — Complain</p> <p>(D) will continue to follow — Dr SEC</p>	
2-14-05		Mental Health Disciplinary File — Perry / Mike Haynes	
2/28/05		<p>(S) for sex — Many Complain for sex problem — Voice are correct by patient report (D) Form not clear</p> <p>(D) Non Complain (D) Tx elated will continue to fall — Dr SEC</p>	
3. 15.05		<p>(D) "Things are good" —</p> <p>(D) Orient to x4sphm / Poor insight</p> <p>(D) Rem of prob (D) Voice remain in remission (D) Form somewhat better —</p> <p>(D) will continue to follow — Dr SEC</p>	
3-24-05		Mental Health Disciplinary File S is complete to participate in hearing. — Perry / Mike Haynes	
3/31/05		<p>(S) "Do you wanna be my new counselor. I guess I can deal w/ that, I'm denied here (D) 21 y/o old BM - Rational, coherent, talkative concentration okay (D) (D) Stable (D) 42 m/s</p> <p>Y. Mungo, MHP</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	21	B/M	BCCF

## Monthly Activities

Date: Feb 11/2005

Inmate Name: Randall Hampton AIS# 226420

Was offered the following recreational activities during the month of:

Gospel, Book Club, Creative Writing, Reality Orientation, Music Therapy, Movies, Therapeutic Animation, Schizophrenia, ADL, Social Activities, Effective Communication, Med Education, Primary Social Skills, Therapeutic Art (Puzzles), Anger Management, Self Expression, Western, Conflict Resolution, Depression, Anger/Stress, Current Events, Sleep, Concept, Open Recreation, Mental Stimulation, Bingo, Mental Health Education.

His level of participation was generally (active/marginal/reluctant/resistant/refused) to participant in the previously mentioned group(s). This is (consistent/inconsistent) with his use of recreational services to date. Affect was generally (angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad). Mood appeared (angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent). Hygiene was (good/WNL/poor). Inmate was generally (on time/late). General appearance was (neat/WNL/disheveled/shabby). Speech was generally (clear/mumbling/slurred/unintelligible). Interpersonal interactions were generally (relevant/irrelevant/insightful/superficial/confrontational/indifferent/no interaction).

**Comments:** \_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation (**will be/has been**) communicated to his treatment team.

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**Signature**

## Monthly Activities

Date: 1.20.05

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,

Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,

Understanding Your Treatment Plans, Grief, World News, Reading,

Primary Social Skills, Social Skills, Effective Communication,

Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene ~~was good/WNL/poor~~. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/stammering/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

  
Signature

240  
130

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: RANDALL Hampton AIS#: B122642D  
Institution: Bullock Date of Disciplinary Report: 1-29-05

If the inmate failed to obey a direct order of a DOC official  
Is the inmate currently on the mental health caseload?  Yes  No  
If Yes, referred for mental health evaluation/consultation on: \_\_\_\_\_

## HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?  Yes  No  
Is the inmate appropriately dressed?  Yes  No  
Does the inmate make sense?  Yes  No  
Does the inmate know what date it is?  Yes  No  
Is inmate able to speak coherently?  Yes  No  
Does the inmate avoid eye contact?  Yes  No  
Are the inmate's statements logical and organized or unusual?  Yes  No

Should the inmate be referred for mental health evaluation of competency?  Yes  No  
If Yes, referred for mental health evaluation/consultation on: \_\_\_\_\_

## MENTAL HEALTH STAFF:

Date request for consult received: 2-9-05 Date consult returned: 2-9-05

Is the inmate competent to participate in the hearing?  
If NO, why is the inmate not competent?  Yes  No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?  
If YES, briefly describe the issues:  Yes  No

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?  
If YES, briefly describe the issues and possible relation to the disposition:  Yes  No

Does mental health staff want to be present at the disciplinary hearing to provide input?  Yes  No

Mental Health Staff Member: Mrs. Hampton Phone Contact: 132  Yes  No

## DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?  Yes  No  
Have the mental health recommendations been considered?  Yes  No

Hearing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name	AIS #
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ALDOC Form 466-01

5 of 5

He was reviewed in the MH staff meeting, he was interviewed by me in my office. He can give a coherent explanation of his side of the story. He can go to disciplinary court.

He is in P-101 WO: MHM Mrs. Hampton 411

AR 466 - December 11, 2001

DATE	TIME	NOTES	SIGNATURE
1-25-05		<p>(S) "In day real good - In stage out of trouble - he had fit with trouble -</p> <p>(O) Review of problems - (P) Voice are currently in remission</p> <p>(P) Anxiety is much better making good progress</p> <p>(R) Stable - Complain -</p> <p>(A) will continue to follow - DGC</p>	
29-05			

1/31/05	<p>5) PT Won Bay his head in Room it was placed in HCU &amp; GCU 10001 in</p> <p>(O) He is essentially an impulse control Disorder &amp; ASPD - WA FRUSTRATION &amp; Anger he acts out - (needs more both ph restraint, Takes meals of 6 sandwiches.</p> <p>(A) ASPD Axis II is per Impulse Control Disorde</p> <p>(P) Seizure Disorder</p> <p>(P) Place of HCU - PT care.</p>

## MHM Correctional Services

Dr. Bill Sanders

1/31/05	1130 AM	<p>S- Inmate complained of jaws being locked</p> <p>O- Inmate alerted a police officer</p> <p>A- Stable</p> <p>P- Administered Benadryl 50mg IM rt gluteal muscle</p>

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	21	B/m	BCCF

DATE	TIME	NOTES	SIGNATURE
12/20/04		Mental Health Disciplinary File <u>Z. Perry / Mike Hayes</u>	
12.21.04		<p>(A) "My mind drives me crazy"</p> <p>(B) Report of problem ① Attentive Seek behavior — patient is constantly trying to get him way + attend by acting out in nap way (Bettie head)</p> <p>(A) Not even stable — unpredictable behavior</p> <p>(B) Will follow closely — <u>As EEC</u></p>	
12/27/04		<p>(B) "I'm finished with that crap" (Bedroom is full on floor)</p> <p>(C) Report on problem — "I ain't got no problem at all. I'll just do my time."</p> <p>(D) Better than before — Calm and sounds good</p> <p>(E) Will continue to follow — <u>As EEC</u></p>	
12/28/04 1200		<p>(F) The medicine helps me some, I don't think sometimes, to pull (all in form, have stomach very many poor exfoliation spots). Complained</p> <p>(A) Stable</p> <p>(B) Continue to follow <u>As EEC</u> to closely monitor for mate behavior pattern. M/S opw</p>	
1-13-05		<p>(C) "I'm better" — I'm not coming back to see.</p> <p>(D) Report of problem ① Patient says violence not as bad as in the past. "I take my medicine" ② Patient says he is always full of anxiety</p> <p>(E) Stable compared to past</p> <p>(F) Will continue to follow — <u>As EEC</u></p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420			BCCF

## IN DISCIPLINARY PROGRESS NC

DATE	TIME	NOTES	SIGNATURE
10/19/04		S. Spoke with inmate about signing up or joining Mental Health activity groups, he stated "No! that is not me, I'm not into that!"	
		O. very angry, alert A. unmotivated P. Activity Therapist will encourage inmate to participate in Mental Health activities slowly.	
10.26.04, 2:10 PM		Review inmate chart to prepare for tx & inmate <u>J. Ann A7</u> <u>A. Edmonson</u>	
11/30/04	1040	(⑤) ft reports "I did something I ain't supposed to do" Seen in seg Reports banging window & not getting meds in time bushed PST b/c <u>AS/IV</u> fallen (⑥) polite, angers easily when describing px (⑦) ASQ	
		(⑨) Encouraged complain & DDC rules & res	
12-6-04		(⑩) Patient seen in seg, complaint <u>MW/MC</u> of how he is an victim. (⑪) Patient is no real progress (⑫) PRX AS/STI predominant - Antigout (⑬) will continue to follow <u>Dr EEC</u>	
12/14/04		(⑮) "I'm OK" & concerns (⑯) polite, & approach (⑰) acute ill issues 28 (⑲) chlorine water (support <u>MW/MC</u> )	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	.	B/M	BCCF

## Monthly Activities

Date: 11.10.04

IM Name: Randall Hampton AIS#: 2216420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,

Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,

Understanding Your Treatment Plans, Grief, World News, Reading,

Primary Social Skills, Social Skills, Effective Communication,

Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. Bung —  
Signature

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: RANDALL HAMPTON AIS#: 81226420  
Institution: BCCF Date of Disciplinary Report: 10-24-04

Is the inmate currently on the mental health caseload?

If Yes, referred for mental health evaluation/consultation on: #69 - Yes No  
Damaging or Selling State Property

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?  
Is the inmate appropriately dressed?  
Does the inmate make sense?

Does the inmate know what date it is?  
Is inmate able to speak coherently?  
Are the inmate's statements logical and organized or unusual?

Does inmate know why he is seeing hearing officer?  
Does the inmate avoid eye contact?

Should the inmate be referred for mental health evaluation of competency? Yes No  
-- If Yes, referred for mental health evaluation/consultation on: \_\_\_\_\_

MENTAL HEALTH STAFF:

Date request for consult received: 12-1-04

Date consult returned: 12-1-04

Is the inmate competent to participate in the hearing?  
If NO, why is the inmate not competent?

Yes

No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?  
If YES, briefly describe the issues:

Yes

No

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?  
If YES, briefly describe the issues and possible relation to the disposition:

Yes

No

Does mental health staff want to be present at the disciplinary hearing to provide input?

Mental Health Staff Member: Mrs. Haynes Phone Contact: 132

Yes

No

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?  
Have the mental health recommendations been considered?

Yes

No

Hearing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name	AIS #
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ALDOC Form 466-01

5 of 5

AR 466 - December 11, 2001

I was reviewed in the mental health staff meeting and interviewed in the segregation unit by me. He can go to disciplinary court

file: h-perry

log: MTHM

Mrs. Haynes 4/15

## Monthly Activities

Date: 10.20.04

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,

Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,

Understanding Your Treatment Plans, Grief, World News, Reading,

Primary Social Skills, Social Skills, Effective Communication,

Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

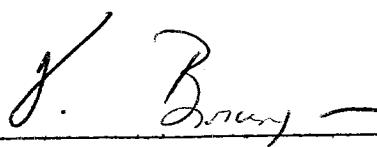
Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

  
Signature

## Monthly Activities

Date: 12.13.04

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,

Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,

Understanding Your Treatment Plans, Grief, World News, Reading,

Primary Social Skills, Social Skills, Effective Communication,

Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

  
Signature

## Monthly Activities

Date: 9.24.04

IM Name: Randal Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,  
Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,  
Understanding Your Treatment Plans, Grief, World News, Reading,  
Primary Social Skills, Social Skills, Effective Communication,  
Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally active/marginal/reluctant/resistant/refused to participate in the previously mentioned group(s). This is consistent/inconsistent with his use of recreational services to date. Affect was generally angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad. Mood appeared angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent. Hygiene was good/WNL/poor. IM was generally on time/late. General appearance was Neat/WNL/Disheveled/Shabby. Speech was generally clear/mumbling/slurred/unintelligible. Interpersonal interactions were generally relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction.

Comments: \_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation will be/has been communicated to his treatment team.

J. B. S.  
Signature

## Monthly Activities

Date: 8.23.04

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,

Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,

Understanding Your Treatment Plans, Grief, World News, Reading,

Primary Social Skills, Social Skills, Effective Communication,

Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

  
Signature

## Monthly Activities

Date: 7.12.04

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Open Recreation, Mental Stimulation, Bingo, Western, Reality

Orientation, Conflict Resolution, Music Therapy, Movies,

S. A. S. Group, ADL, Depression, Mental Health Education,

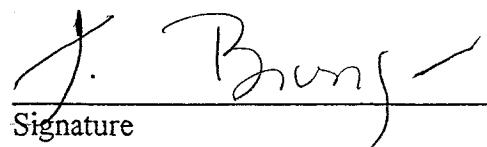
Understanding Your Treatment Plans, Grief, Primary Social

Skills, Effective Communication, Gospel/80's, Anger Management.

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments:

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

  
Signature

DATE

TIME

NOTES

SIGNATURE

07/08/04	10:22 pm	<p>S - Brought to Taproom by Doc.</p> <p>O - Alert, oriented to B</p> <p>A - Superficial abrasion noted to right pinky. Dennis made abrasions.</p> <p>P - Wash &amp; soap / Water</p> <p>① Left arm w/ Rondale</p> <p>② Off suicide watch &amp; return to seg as per Rondale</p>
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*Robert C. Green*

7/14/04	5) See in Seg.
	<p>O) Voices no complaints - calm &amp; polite.</p> <p>A/p w/ chg.</p> <p><i>J</i></p>

07/07/04	10:10	<p>⑤ Pt here re: problems w/ dorm-mates "somethin' about to jump-off in there" Would rather return to seg than stay in dorms 1-4 Denies raises, or m/t sls.</p> <p>⑥ Angry, organized</p> <p>⑦ Complains R/T DDC Severe PD No obvious AxT &amp;/o</p> <p>⑧ D/W DDC - pt referred to Sgt Perry Encouraged pt to continue to follow rules/try to avoid seg</p>
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*M. Decker*

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Rondale	226490	10/15/83	24745	B-24

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
		5) Head & Anger in S. Stand on Sick Bench & fall off & kill himself - Tell T-Shot to the floor 0) Angry - Deficit, clearly	
		A) Sava Axis II Ad	
		P) Head sim - Place in 5pt rest & after Coke in 1/2" a small watch (Tried to fall off Bench on his head when he has done in the past)	
7/8/04		5) Inform bar to S. Fall about (spac) Now Rest his Head against the wall 0) As bef P/P rest to 1/2" & place in 5pt rest until coke - f prevent of self inj.	
7/8/04		- S) Dr am State H/ will before Dr. Bill Sanders 0) not right A) Bench Ad P) Return to S. off Small watch	J MHM Correctional Services

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Harrington, Randolph	226420	21	Br	BCCN

## DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S

## SEIZURE CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC

ALLERGIES

DATE / TIME 07/16/04 100 pm  
O: VS T 200 P 68 R 70  
BP 120/70 WT 185

NKA

REVIEW OF NURSES CCC RECORD

YES  NO Neurological exam:  
NystagmusNormal  
normal

Pupils

Reflexes

Description of last SZ activity:

face - down

P: LABS 07

Treatment Goals

Rationalization of Seizure

ORDERS:

Notes: Seizure activity:  Controlled  Uncontrolled (circle one)

None

Compliance

MEDICATION:  
phenobarb  
topictalSTATUS: (circle)  
IMPROVED, UNCHANGED,  
WORSENER.CONTROL LEVEL: (circle)  
GOOD, FAIR, POORCCC WITH NURSE (circle)  
1, 2, 3 MONTHS.CCC WITH MD (circle)  
1, 2, 3, 4, 5, 6 MONTHS.EDUCATION DONE  
TOPIC

Y N Seizure Education

INMATE NAME

NUMBER

AGE

RACE/SEX

SIGNATURE

Hampton, Randal

226420

20

Bm

John

Control:  Good—No seizure activity since last visit  
Fair—One seizure since last visit  
Poor—More than one seizure since last visitStatus: Improved—The number of seizures has diminished  
Unchanged—The frequency of seizures has remained the same  
Worsened—The number of seizures has increased



ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

## Educational Assessment

Highest Grade Completed: \_\_\_\_\_  Regular Classes  Special Education  
 Able to Read  Able to Write  Able to Communicate  Able to Understand Current Diagnosis  
 Unable to Read  Unable to Write  Unable to Communicate  Unable to Understand Current Diagnosis

## Mental Status

Age: 20  Appears Stated Age  Appears Younger  Appears Older  
 Dress/Grooming:  Appropriate  Marginal  Disheveled  Bizarre  
 Posture:  Unremarkable  Rigid  Stooped  
 Facial:  Unremarkable  Hostile  Worried  Tearful  Sad  
 Eyes:  Unremarkable  Glances Furtively  Stares  Poor Eye Contact  
 Motor Activity:  Increased  Decreased  Gait Unsteady  Gait Rigid  Gait Slow  
 Agitation  Tremors  Tics

General Attitude/Behavior:  Spontaneous  Preoccupied  Suspicious  Argumentative  
 Self-Destructive  Withdrawn  Regressed  Seductive  Hostile  
 Mood / Affect:  Flat  Depressed  Euphoric  Apathetic  Fearful  Labile  
 Blunt  Inappropriate  Constricted

Speech / Communication:  Normal  Aphasia  Slurred  Rapid  Mute  
 Flight of Ideas  Confabulation  Muttering  Tangential  Loose Associations  Over Productive  
 Thought Content:  Suicidal Thoughts/Plans  Homicidal Thoughts/Plan  Antisocial Attitudes  
 Phobias  Indecisiveness  Self-Derogatory  Excessive Religion  Bizarre  Self-Pity  
 Assaultive Ideas  Hypochondriasis  Alienation  Obsessive  Blames Others  Suspiciousness  
 Helplessness  Inadequacy  Poverty of Content  Ideas of Guilt  No Deficit Identified

Abstract Thinking:  Unimpaired  Concrete

Delusions:  None  Persecution  Systematized  Somatic  Other \_\_\_\_\_

Hallucinations:  None  Auditory  Visual  Olfactory  Tactile

Memory:  Grossly Intact  Inability to Concentrate  Poor Recent Memory  Poor Remote Memory

Insight / Judgment:  Unimpaired  Poor Judgment  Poor Insight

Does not know reason for transfer to RTU/SU  Unmotivated for Treatment

Assessment Completed by: S. Anderson LPN Date: 11/20/04

ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Inmate Name: <u>Hampton, Randall</u>	AIS #: <u>220420</u>
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